

Secretary of State

LLC-5

201931010082

FILED

Application to Register a Foreign Limited **Liability Company (LLC)**

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

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Certification Fee - \$5.00								
Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.				This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed o	n your attache	d Certificate of G	ood Standing.)			· · · · · · · · · · · · · · · · · · ·	
Caviar, LLC								
1b. California Alternate Name, If Required (See In	structions - O	nly enter an alter	nate name if ti	ne LLC name in 1	a not ava	ilabie in (Californi	
				· · · · · · · · · · · · · · · · · · ·				
2. LLC History (See Instructions Ensure that the formati	on date and ju	risdiction match t	he attached C	ertificate of Good	l Standing	g.)		
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdi	ction (State, fore	ign country or	place where this	LLC is fo	rmed.)		
7 / 26 / 2019			Delaware					
c. Authority Statement (Do not alter Authority Statement)		_						
This LLC currently has powers and privileges to co	nduct busin	ess in the stat	e, foreign c	ountry or plac	e entere	ed in Ite	em 2b.	
3. Business Addresses (Enter the complete business	addresses. Ite	ms 3a and 3b ca	not be a P.O	. Box or "In care o	of an Indi	vidual or	entity.)	
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbrevi	alions)		State	Zip Cod	de	
901 Market St, Ste 600		San Francisco		CA ,	94103			
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box		City (no abbrevi	ations)		State	Zip Cod	de	
					CA			
c. Mailing Address of Principal Executive Office, if different than Item 3a		City (no abbrevi	ations)		State	Zip Cod	1e	
4. Service of Process (Must provide either Individual O	R Corporation	1				L	·	
INDIVIDUAL Complete Items 4a and 4b only. Must include	•	•	nia street add	ress.				
a. California Agent's First Name (if agent is not a corporation)		Middle Name		Last Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suffix	
							<u> </u>	
b. Street Address (If agent is not a corporation) - Do not enter a P.O. Box		City (no abbrevi	atlons)		State	Zip Cod	de	
		<u> </u>			CA	<u></u>		
CORPORATION - Complete Item 4c only. Only include the						<u></u>		
c. California Registered Corporate Agent's Name (if agent is a corpo C T Corporation System	ration) – Do no	complete item 4a	OF 4D					
C 1 Corporation System					· · · · · ·			
5. Read and Sign Below (See Instructions. Title no	(required.)							
By signing, I affirm under penalty of perjury that the	information	herein is true	and correc	t and that I am	author	ized to	sign	
on behalf of the foreign LLC.								

Keith Yandell

Type or Print Name

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAVIAR, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7533169 8300 SR# 20197928400

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Sullock, Secretary of State

Authentication: 203940751

Date: 11-05-19